PTOISERIS (88-03)
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Substitute for Form PTO-675							10026610		
CLAIMS AS FILED — PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED		R FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE . 7GI)
(37 CFR 1.18(4))						-	_08		140
TOTAL CLAMS (37 CFR 1.18(c))	·	rdnus 20 •	·		XI		OR	x \$a	
BIDEPENDENT CLAIMS (37 CFR 1.16(b))	<u></u>	marker .		x 4•		OR	x :•		
MILITIPLE DEPENDENT CLASH PRESENT (37 CFR 1.18(4))					+4		OR	+1	
If the difference in colu	TOTAL		ÇR	TOTAL	190				
CLAIMS AS AMENDED - PART II									
	(Cotumn 1)		(Column 2)	(Column 3)	SMALL I	ENTITY	OR		R THAN ENTITY
	CLAIMS REMAINING AFTER MENOMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /
Z Total COORTINGS	18	Minus **	34	•	X 8		OR	X 8=	
Z Independent •		Minus *	3	• /	x s		OR.	× 8=	
FURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.18(8))					+1		OR	+3=	
					TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	7
(Column 2) (Column 3)									
	CLAIMS REMAINING AFTER		HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	ME CONT	Minus *	PAID FOR	2		1000	ł		FEE
Total 9 Page 1 P	1;1	Minus 4			× 8=		OR	× s - f -	H
(II) (27 CFR 1.1000)			() _		× 8	 	OR	×se	
FURST PRESENTATION OF MULTIPLE DEPENDENT CURL (87 CFR 1.46(8))					TOTAL		OR	TOTAL	
OMM	ADDITEE		OR.	ADDILFEE					
(Column 1) (Column 2) (Column 3)									
	CLAIMS REMAINING AFTER MENDMENT	F	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE
Total or own 1.1860	17	Minus "	34	•/	X 8		OR	x s=	
Z Independent *	/	Minus *	3	• /	× 4•	/	OR	x 8/	1
FIRST PRESENTATI	+1/	1	OR	•• /•					
							CR	TOTAL ADD/LFEE	
* If the entry in column 1 is toss then the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 20, anter "20".									
"If the Highest Number Previously Padd For' IN THIS SPACE is less than 3, enter "I". The Highest Number Previously Padd For' IN THIS SPACE is less than 3, enter "I".									

The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a barrell by the public which is to file (and by the USPTO to process) an application. Confidencially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including satisfaring, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Patient and Tradement, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.